





NOTICE OF CONTRACT RENEWAL

State Of Missouri
Office Of Administration
Division Of Purchasing
PO Box 809
Jefferson City, MO 65102-0809
<http://oa.mo.gov/purchasing>

CONTRACT NUMBER CS170042001	CONTRACT TITLE Alternatives to Abortion Program Services
AMENDMENT NUMBER Amendment #003	CONTRACT PERIOD July 1, 2018 through June 30, 2019
REQUISITION/REQUEST NUMBER [REDACTED]	SAM II VENDOR NUMBER/MissouriBUYS SYSTEM ID [REDACTED]
CONTRACTOR NAME AND ADDRESS ALLIANCE FOR LIFE – MISSOURI INC 487 SW WARD RD LEES SUMMIT MO 64081	STATE AGENCY'S NAME AND ADDRESS Department of Social Services Division of Finance & Administration Svs 221 W High Street, Room 310, PO Box 1082 Jefferson City MO 65102-1082
ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS: Contract CS170042001 is hereby amended pursuant to the attached amendment #003, dated 07/11/18.	
BUYER Julie Kleffner	BUYER CONTACT INFORMATION Email: julie.kleffner@oa.mo.gov Phone: (573) 751-7656 Fax: (573) 526-9816
SIGNATURE OF BUYER 	DATE 7-31-18
DIRECTOR OF PURCHASING  Karen S. Boeger	



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF PURCHASING
CONTRACT RENEWAL

AMENDMENT NO.: 003
CONTRACT NO.: CS170042001
TITLE: Alternatives to Abortion Program Services
ISSUE DATE: 6/26/18

REQ NO.: [REDACTED]
BUYER: Julie Kleffner
PHONE NO.: (573) 751-7656
E-MAIL: Julie.Kleffner@oa.mo.gov

TO: ALLIANCE FOR LIFE - MISSOURI INC
106 5TH AVE S PO BOX 65
GREENWOOD MI 48034-8627

RETURN AMENDMENT BY NO LATER THAN: 07/11/18 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR MAIL/COURIER:

SCAN AND E-MAIL TO:	Julie.Kleffner@oa.mo.gov
FAX TO:	(573) 526-9816
MAIL TO:	PURCHASING, P.O. Box 809, Jefferson City, Mo. 65102-0809
COURIER/DELIVER TO:	PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Social Services
Division of Finance and Administrative Services
221 W. High Street, Room 310
Post Office Box 1082
Jefferson City MO 65102-1082

SIGNATURE REQUIRED

VENDOR NAME	MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)
Alliance for Life - Missouri, Inc.	[REDACTED]
MAILING ADDRESS	
487 SW Ward Rd.	
CITY, STATE, ZIP CODE	
Lee's Summit, MO 64081	

CONTACT PERSON	EMAIL ADDRESS
Marsha J. Middleton	marsha@allianceforlifemissouri.com
PHONE NUMBER	FAX NUMBER
816-806-4168	855-856-5240
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)	
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt	
AUTHORIZED SIGNATURE	DATE
<i>Marsha J. Middleton</i>	07/11/2018
PRINTED NAME	TITLE
Marsha J. Middleton	CEO

**Budget Price Analysis – 2019
Region 2**

Program Salaries and Wages	\$108,420.28
Employee Benefits	\$16,588.30
Employee Travel	\$1,642.73
Employee Training	\$821.37
Office Rent/Space	\$5,000.00
Office Utilities	\$6,365.58
Facility Insurance	\$1,000.00
Office Supplies	\$1,000.00
Equipment	\$1,000.00
Office Communications	\$616.02
Office repairs/maintenance	\$1,848.07
Contract/consulting	\$164.85
Other	\$1,000.00
Background Checks	\$500.00
Subcontractor Payment Costs	\$0.00
Janitorial Costs	\$205.34
Depreciation Expense	\$1,200.00
Communication & Technology Support	\$1,500.00
Security/Monitoring Services	\$205.35
TOTAL	\$149,077.89
10 % Admin	\$14,907.79
Transportation	\$8,213.66
Job Training	\$616.02
Tuition Assistance	\$2,258.76
Contracted Residential	\$0.00
Utility Assistance	\$8,213.66
Emergency Shelter	\$205.34
Housing Assistance	\$14,648.63
Childcare	\$4,312.17
Clothing	\$205.34
Food	\$1,232.05
Supplies	\$13,400.56
RFO	\$2,874.78
TOTAL	\$56,180.97

Maximum Annual Total Price \$220,166.65

**Budget Price Analysis – 2019
Region 3**

Program Salaries and Wages	\$195,368.60
Employee Benefits	\$28,515.90
Employee Travel	\$2,823.92
Employee Training	\$1,411.96
Office Rent/Space	\$10,000.00
Office Utilities	\$6,000.00
Facility Insurance	\$1,000.00
Office Supplies	\$2,000.00
Equipment	\$3,000.00
Office Communications	\$500.00
Office repairs/maintenance	\$1,000.00
Contract/consulting	\$500.00
Other	\$1,000.00
Background Checks	\$1,000.00
Subcontractor Payment Costs	\$0.00
Janitorial Costs	\$150.00
Depreciation Expense	\$500.00
Communication & Technology Support	\$500.00
Security/Monitoring Services	\$1,000.00
TOTAL	\$256,270.38
10 % Admin	\$25,627.04
Transportation	\$14,119.58
Job Training	\$1,058.97
Tuition Assistance	\$3,882.88
Contracted Residential	\$0.00
Utility Assistance	\$14,119.58
Emergency Shelter	\$652.80
Housing Assistance	\$33,652.76
Childcare	\$7,412.78
Clothing	\$352.99
Food	\$2,117.94
Supplies	\$13,413.60
RFO	\$8,000.00
TOTAL	\$98,783.88

Maximum Annual Total Price \$380,681.30

**Budget Price Analysis – 2019
Region 4**

Program Salaries and Wages	\$120,628.54
Employee Benefits	\$18,456.16
Employee Travel	\$1,827.71
Employee Training	\$913.85
Office Rent/Space	\$9,981.82
Office Utilities	\$5,000.00
Facility Insurance	\$2,500.00
Office Supplies	\$2,500.00
Equipment	\$685.39
Office Communications	\$685.39
Office repairs/maintenance	\$500.00
Contract/consulting	\$45.69
Other	\$500.00
Background Checks	\$68.54
Subcontractor Payment Costs	\$114.23
Janitorial Costs	\$228.46
Depreciation Expense	\$500.00
Communication & Technology Support	\$500.00
Security/Monitoring Services	\$228.46
TOTAL	\$165,864.24
10 % Admin	\$16,586.42
Transportation	\$9,138.53
Job Training	\$685.39
Tuition Assistance	\$2,513.09
Contracted Residential	\$0.00
Utility Assistance	\$9,137.63
Emergency Shelter	\$325.48
Housing Assistance	\$23,760.17
Childcare	\$4,797.73
Clothing	\$325.48
Food	\$1,370.78
Supplies	\$8,681.60
RFO	\$3,198.48
TOTAL	\$63,934.36

Maximum Annual Total Price \$246,385.02

**Budget Price Analysis – 2019
Region 5**

Program Salaries and Wages	\$45,000.00
Employee Benefits	\$6,885.00
Employee Travel	\$4,000.00
Employee Training	\$494.15
Office Rent/Space	\$15,000.00
Office Utilities	\$5,000.00
Facility Insurance	\$4,500.00
Office Supplies	\$4,420.71
Equipment	\$370.61
Office Communications	\$370.61
Office repairs/maintenance	\$1,111.84
Contract/consulting	\$100.00
Other	\$500.00
Background Checks	\$200.00
Subcontractor Payment Costs	\$0.00
Janitorial Costs	\$123.54
Depreciation Expense	\$500.00
Communication & Technology Support	\$988.30
Security/Monitoring Services	\$123.54
TOTAL	\$89,688.30
10% Admin	\$8,968.83
Transportation	\$4,941.50
Job Training	\$370.61
Tuition Assistance	\$1,358.91
Contracted Residential	\$0.00
Utility Assistance	\$4,941.50
Emergency Shelter	\$176.00
Housing Assistance	\$12,847.91
Childcare	\$2,594.29
Clothing	\$176.00
Food	\$741.23
Supplies	\$4,694.43
RFO	\$1,729.54
TOTAL	\$34,571.92

Maximum Annual Total Price \$133,229.05

**Budget Price Analysis – 2019
Region 6**

Program Salaries and Wages	\$292,435.54
Employee Benefits	\$13,846.38
Employee Travel	\$4,430.84
Employee Training	\$2,215.42
Office Rent/Space	\$32,123.60
Office Utilities	\$17,169.51
Facility Insurance	\$10,523.25
Office Supplies	\$8,861.68
Equipment	\$1,661.57
Office Communications	\$1,661.57
Office repairs/maintenance	\$4,984.70
Contract/consulting	\$110.77
Other	\$276.93
Background Checks	\$166.16
Subcontractor Payment Costs	\$0.00
Janitorial Costs	\$553.86
Depreciation Expense	\$6,092.41
Communication & Technology Support	\$4,430.84
Security/Monitoring Services	\$553.84
TOTAL	\$402,098.87
10% Admin	\$40,209.89
Transportation	\$24,000.00
Job Training	\$500.00
Tuition Assistance	\$500.00
Contracted Residential	\$0.00
Utility Assistance	\$24,000.00
Emergency Shelter	\$789.06
Housing Assistance	\$59,000.00
Childcare	\$12,000.00
Clothing	\$789.05
Food	\$3,323.13
Supplies	\$22,340.80
RFO	\$7,753.97
TOTAL	\$154,996.01

Maximum Annual Total Price \$597,304.77

**Budget Price Analysis – 2019
Region 7**

Program Salaries and Wages	\$85,000.00
Employee Benefits	\$12,240.00
Employee Travel	\$2,415.93
Employee Training	\$1,207.97
Office Rent/Space	\$17,515.52
Office Utilities	\$9,361.74
Facility Insurance	\$5,737.84
Office Supplies	\$4,831.87
Equipment	\$2,000.00
Office Communications	\$2,500.00
Office repairs/maintenance	\$2,717.93
Contract/consulting	\$1,500.00
Other	\$2,500.00
Background Checks	\$500.00
Subcontractor Payment Costs	\$151.00
Janitorial Costs	\$2,500.00
Depreciation Expense	\$9,000.00
Communication & Technology Support	\$5,000.00
Security/Monitoring Services	\$301.97
TOTAL	\$166,981.77
10% Admin	\$16,698.18
Transportation	\$15,488.83
Job Training	\$905.98
Tuition Assistance	\$3,321.91
Contracted Residential	\$0.00
Utility Assistance	\$25,000.00
Emergency Shelter	\$2,000.00
Housing Assistance	\$60,000.00
Childcare	\$6,341.73
Clothing	\$430.28
Food	\$1,811.95
Supplies	\$11,475.68
RFO	\$15,226.42
TOTAL	\$142,002.78

Maximum Annual Total Price \$325,682.73

**Budget Price Analysis – 2019
Region 8**

Program Salaries and Wages	\$35,000.00
Employee Benefits	\$5,355.00
Employee Travel	\$554.64
Employee Training	\$277.32
Office Rent/Space	\$1,500.00
Office Utilities	\$2,149.23
Facility Insurance	\$2,000.00
Office Supplies	\$3,000.00
Equipment	\$357.99
Office Communications	\$357.99
Office repairs/maintenance	\$300.00
Contract/consulting	\$100.00
Other	\$1,126.17
Background Checks	\$34.66
Subcontractor Payment Costs	\$0.00
Janitorial Costs	\$69.33
Depreciation Expense	\$150.00
Communication & Technology Support	\$150.00
Security/Monitoring Services	\$69.33
TOTAL	\$52,551.66
10 % Admin	\$5,255.17
Transportation	\$6,100.00
Job Training	\$207.99
Tuition Assistance	\$150.00
Contracted Residential	\$0.00
Utility Assistance	\$500.00
Emergency Shelter	\$98.78
Housing Assistance	\$5,200.00
Childcare	\$1,455.93
Clothing	\$98.77
Food	\$600.00
Supplies	\$500.00
RFO	\$2,050.54
TOTAL	\$16,962.01

Maximum Annual Total Price \$74,768.84

Budget Price Analysis – 2019
Region 9

Program Salaries and Wages	\$84,268.00
Employee Benefits	\$12,893.00
Employee Travel	\$1,775.55
Employee Training	\$638.39
Office Rent/Space	\$4,000.00
Office Utilities	\$2,000.00
Facility Insurance	\$2,550.00
Office Supplies	\$2,553.58
Equipment	\$569.07
Office Communications	\$478.80
Office repairs/maintenance	\$1,436.39
Contract/consulting	\$100.00
Other	\$500.00
Background Checks	\$100.00
Subcontractor Payment Costs	\$0.00
Janitorial Costs	\$159.60
Depreciation Expense	\$500.00
Communication & Technology Support	\$1,276.79
Security/Monitoring Services	\$69.33
TOTAL	\$115,868.50
10% Admin	\$11,586.85
Transportation	\$6,383.94
Job Training	\$478.80
Tuition Assistance	\$1,755.58
Contracted Residential	\$0.00
Utility Assistance	\$6,383.94
Emergency Shelter	\$227.38
Housing Assistance	\$16,598.24
Childcare	\$3,351.57
Clothing	\$227.37
Food	\$957.59
Supplies	\$6,064.74
RFO	\$2,234.38
TOTAL	\$44,663.53

Maximum Annual Total Price \$172,118.88

Budget Narrative

The maximum annual total price per region breakdown was determined by:

1. Finding the total actual costs per region from the Quarterly Expenditure Reports for FY2018.
2. Comparing the total actual costs per region to the FY2018 Budget Price Analysis per region.
3. Adjusting each line item as needed based on the actual costs per region.

The Alliance for Life added three additional subcontractors during FY2018 increasing our overall number of clients served annually to approximately 1294.

The Alliance for Life will be adding additional subcontractors for FY2019 which will increase the overall number of clients served annually to approximately 1466.

- Average annual residential client cost is estimated to be **\$985,500.00**
(45 annual clients x \$60 per day x 365 days per year)
- Average annual non-residential client cost is estimated to be **\$1,164,838.84**
(1165 annual clients x \$1,000 annual average cost per client)

Maximum annual total price for 8 regions = **\$2,150,338.84**

- Non-residential services, price per client per month = **\$83.33**
- Residential care services, price per client per month = **\$1,825.00**

AMENDMENT #003 TO CONTRACT CS170042001**CONTRACT TITLE:** Alternatives to Abortion Program Services**CONTRACT PERIOD:** July 1, 2018 through June 30, 2019

The State of Missouri hereby exercises its option to renew the above-referenced contract and desires to amend the contract.

The above-referenced contract shall be renewed for the same maximum annual total price as specified below. The Non-Residential Services, price per client, per month and the Residential Care Services, price per client, per month shall remain the same.

Geographic Region 2	\$220,166.65 maximum annual total price
Geographic Region 3	\$380,681.30 maximum annual total price
Geographic Region 4	\$246,385.92 maximum annual total price
Geographic Region 5	\$133,229.05 maximum annual total price
Geographic Region 6	\$597,304.77 maximum annual total price
Geographic Region 7	\$325,682.73 maximum annual total price
Geographic Region 8	\$74,768.84 maximum annual total price
Geographic Region 9	\$172,118.88 maximum annual total price

The contractor must provide a budget/price analysis of the maximum annual total price and a budget narrative.

Per House Bill 2011, Section 11.115, lines 3-5, the Alternatives to Abortion program is to provide “diapers and other infant hygiene products to women who qualify for alternatives to abortion services”. Consequently, paragraph 2.3.2 o. of the RFP portion of the contract is revised to read as follows:

Supplies – If identified as a client need, the contractor shall ensure the client is provided with supplies relating to pregnancy, newborn care, and parenting, *including diapers and other hygiene products*. In addition, if the contractor’s case manager determined that the client is unable to provide a safe sleep environment for the client’s infant, the contractor shall ensure that the client is provided with a Pack N’ Play or equivalent which meets the 2011 American Academy of Pediatric Recommendations.

The Income Guidelines have changed. Therefore, Attachment 2 and Attachment 2A, attached hereto, have been revised. All references to Attachment 2 and Attachment 2A shall be hereby deemed to mean Revised Attachment 2 and Revised Attachment 2A.

Medical expenses and medications shall not be submitted for reimbursement. Therefore, Attachment 3, attached hereto, has been revised. All references to Attachment 3 shall be hereby deemed to mean Revised Attachment 3.

The client survey, as well as the directions, for submitting the client satisfaction survey have changed. Therefore, Attachment 4 and Attachment 4A, attached hereto, have been revised. All references to Attachment 4 and Attachment 4A shall be hereby deemed to mean Revised Attachment 4 and Revised Attachment 4A.

Attachment 5, attached hereto, has been revised to reflect the new contract period and fiscal year quarters. All references to Attachment 5 shall be hereby deemed to mean Revised Attachment 5.

The contractor shall sign and return this document, along with the completed budget/price analysis and budget narrative, on or before the date indicated.



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF PURCHASING
CONTRACT RENEWAL

AMENDMENT NO.: 003
CONTRACT NO.: CS170042001
TITLE: Alternatives to Abortion Program Services
ISSUE DATE: 6/26/18

REQ NO.: [REDACTED]
BUYER: Julie Kleffner
PHONE NO.: (573) 751-7656
E-MAIL: Julie.Kleffner@oa.mo.gov

TO: ALLIANCE FOR LIFE – MISSOURI INC
106 5TH AVE S PO BOX 65
GREENWOOD NI 64034-8627

RETURN AMENDMENT BY NO LATER THAN: 07/11/18 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR MAIL/COURIER:

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FAX TO:	(573) 526-9816
MAIL TO:	PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809
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DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Social Services
Division of Finance and Administrative Services
221 W. High Street, Room 310
Post Office Box 1082
Jefferson City MO 65102-1082

SIGNATURE REQUIRED

VENDOR NAME	MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN) [REDACTED]
MAILING ADDRESS	
CITY, STATE, ZIP CODE	

CONTACT PERSON	EMAIL ADDRESS
PHONE NUMBER	FAX NUMBER
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt	
AUTHORIZED SIGNATURE	DATE
PRINTED NAME	TITLE

NOTE: The contractor's failure to complete and return this document shall not stop the action specified herein. If the contractor fails to complete and return this document prior to the return date specified or the effective date of the contract period stated above, whichever is later, the state may renew the contract at the same price(s) as the previous contract period or at the price(s) allowed by the contract, whichever is lower.

REVISED ATTACHMENT 2

MINOR PARENT INCOME DETERMINATION FORMULA

(Revised June 2018)

NOTE: The "minor parent's parent" will be referred to as the "major parent".

A minor parent is defined as a parent under the age of 18, including the month turning 18. The major parent is the biological or adoptive parent of the minor parent, not a stepparent of the minor parent. The income of a major parent(s) is used in determining eligibility, if the major parent(s) lives in the same household as the minor parent. A major parent remains financially responsible for the minor parent until the month s/he reaches the age of 18.

When a minor parent requests benefits, the assistance group(s) and budgeting must be determined based on the family's situation.

If a three generation family does not file as one assistance group, the major parent's income is deemed to the minor parent's assistance group.

NOTE: Verification of the major parent's income is necessary to establish eligibility.

When a minor parent moves in with his/her parent(s), determine if the minor parent is included in an assistance group with his/her parent(s) or if the parent's income is deemed to him/her.

NOTE: DO NOT include the major parent's spouse who is a stepparent or persons in the minor parent's eligibility unit as dependents.

When the major parent's income is deemed to the minor parent, determine the portion of the major parent's income to attribute to the minor parent.

1. Obtain the major parent's monthly gross income;
2. Subtract the following from the gross earned income:
 - 1) An amount equal to 100% of the Federal Poverty Level (FPL) (see Attachment 2A) for the major parent and their dependents in the household (do not include the minor parent and child).
 - a) Dependents are persons who are or could be claimed by the major parent as a dependent for purposes of federal tax liability.
 - 2) A \$90 work expense standard for each employed major parent.
 - 3) An amount equal to the full need standard (see Attachment 2A) for the major parent and any other individuals living in the home, (whose needs are not considered in the minor parent's assistance group), who are claimed or could be claimed by the parent as dependents for purposes of federal income tax liability.

- a) Example: If two adult parents and a sibling of the minor parent live in the same household as the minor parent and her dependent child, disregard an amount equal to the full standard of need for three people.
- 4) Amounts actually paid by the major parent(s) to individuals not living in the home but who are claimed or could be claimed as dependents for federal income tax purposes.
- 5) Court-ordered alimony or child support paid by the major parent(s) for individuals not living in the household.

The remainder is shown as unearned income on the minor parent's budget.

EXAMPLE: Ms. Smith is a minor parent living with her mother. Also in the household are her 2 sisters. Ms. Smith's mother earns \$3,000 monthly.

$$\$3,000 - 1,732 \text{ (100\% of the Federal Poverty Level for 3)} = 1,268$$

$$\$1,268 - \$90 = 1,178$$

$$\$1,178 - \$846 \text{ (full need standard for 3)} = \$332$$

\$332 is the major parent's income deemed to the minor parent.

When a minor parent reaches age 18 or moves out of his/her parent's home, the major parent's income is not deemed effective the next month.

Revised Attachment 2A

2018 INCOME GUIDELINES

(Revised June 2018)

185% of Poverty

# of Persons	1	2	3	4	5	6	7	8	9	10	11
Annual Income	\$22,459.00	\$30,451.00	\$38,443.00	\$46,435.00	\$54,427.00	\$62,419.00	\$70,411.00	\$78,403.00	\$86,395.00	\$94,387.00	\$102,379.00
Monthly Income	\$1,872.00	\$2,538.00	\$3,204.00	\$3,870.00	\$4,536.00	\$5,202.00	\$5,868.00	\$6,534.00	\$7,200.00	\$7,866.00	\$8,532.00
Weekly Income	\$431.90	\$585.60	\$739.29	\$892.98	\$1,046.67	\$1,200.37	\$1,354.06	\$1,507.75	\$1,661.44	\$1,815.13	\$1,968.83
Bi-weekly Income	\$863.81	\$1,171.19	\$1,478.58	\$1,785.96	\$2,093.35	\$2,400.73	\$2,708.12	\$3,015.50	\$3,322.88	\$3,630.27	\$3,937.65
Hourly wage	\$10.80	\$14.64	\$18.48	\$22.32	\$26.17	\$30.01	\$33.85	\$37.69	\$41.54	\$45.38	\$49.22

Major Parent Deeming

100% of Poverty

# of Persons	1	2	3	4	5	6	7	8	9	10	11
Annual Income	\$1,240.00	\$16,460.00	\$20,780.00	\$25,100.00	\$29,420.00	\$33,740.00	\$38,060.00	\$42,380.00	\$46,700.00	\$51,020.00	\$55,340.00
Full Need Standard - Annual	\$8,136.00	\$8,136.00	\$10,152.00	\$11,880.00	\$13,476.00	\$14,964.00	\$16,464.00	\$17,868.00	\$19,272.00	\$20,664.00	\$22,068.00
Monthly Income	\$1,012.00	\$1,372.00	\$1,732.00	\$2,092.00	\$2,452.00	\$2,812.00	\$3,172.00	\$3,532.00	\$3,892.00	\$4,252.00	\$4,612.00
Full Need Standard - Monthly	\$678.00	\$678.00	\$846.00	\$990.00	\$1,123.00	\$1,247.00	\$1,372.00	\$1,489.00	\$1,606.00	\$1,722.00	\$1,839.00
Weekly Income	\$23.85	\$316.54	\$399.62	\$482.69	\$565.77	\$648.85	\$731.92	\$815.00	\$898.08	\$981.15	\$1,064.23
Full Need Standard - Weekly		\$312.92	\$390.46	\$456.92	\$518.31	\$575.54	\$633.23	\$687.23	\$741.23	\$794.77	\$848.77

Revised Attachment 3

Department of Social Services

Reimbursement Request for Other Services

Program: **Alternatives to Abortion**

Contractor: _____

Subcontractor: _____

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name _____

Date Enrolled _____

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
Amt. to be reimbursed			

Under the A2A contract, the following items and services are not eligible for reimbursement: taxes, travel expenses, medical expenses, medications, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.

If applicable, subcontractors are to return this form to their contractor for prior approval.

Contractor please return to *Alternatives to Abortion Program Manager, State of Missouri – Department of Social Services, Division of Finance & Administrative Services, P.O. Box 1643, Jefferson City, MO 65102-1643. Please scan and emailed to joy.e.benne@dss.mo.gov.*

Authorized signature of Subcontractor: _____ Date _____

Authorized signature of Contractor: _____ Date _____

Purchase is Approved ____ Denied ____ A2A Signature _____ Date _____

Reason for denying purchase: _____

Revised Attachment 4
Alternatives to Abortion (A2A) Program
Client Satisfaction Survey Directions

1. To save time, and funding, the survey can be printed on one (1) page (duplexed/printed on both sides of one [1] sheet of paper).
2. Pursuant to section 2.4.4 of the A2A contract, every June and December the contractor must administer the Client Satisfaction Survey (survey) to all A2A clients who received A2A program services. Each client should complete one (1) survey.
3. The client should be given a plain sealable envelope with the Contractor's name on the outside of the envelope along with a clean copy of the survey (e.g. survey should not be highlighted or marked in any way). For contractors with subcontractors, the contractor's name, as well as the subcontractor's name, shall both appear on the outside of the envelope. The client shall complete the survey, while not in the presence of the contractor or subcontractor, and return the survey, back to the contractor, in a sealed envelope.
4. Please forward all sealed envelopes no later than July 15 or January 15 to following address:

Alternatives to Abortion Program
Missouri Department of Social Services
Division of Finance & Administrative Services
P.O. Box 1643
Jefferson City, MO 65102-1643

Revised Attachment 4A

ALTERNATIVES TO ABORTION (A2A) PROGRAM CLIENT SATISFACTION SURVEY

A2A Provider:
Services Received: ☐ January through June

☐ July through December

How did you hear about the A2A program? ☐ A2A Website ☐ Internet ☐ Friend

☐ Other _____

Please rate your experience with the A2A program service you received by using the following scale:

1-Extremely Dissatisfied

2-Dissatisfied

3-Neutral

4-Satisfied

5-Extremely Satisfied

NA-Not Applicable/Service not received

A2A Program Service	Circle Rating					
Case Management	1	2	3	4	5	NA
Child Care (babysitting)	1	2	3	4	5	NA
Clothing (mom and/or baby)	1	2	3	4	5	NA
Continuing Education/School	1	2	3	4	5	NA
Counseling	1	2	3	4	5	NA
Domestic Abuse Prevention	1	2	3	4	5	NA
Drug/Alcohol Testing/Treatment	1	2	3	4	5	NA
Finding a Home/Housing Assistance	1	2	3	4	5	NA
Food	1	2	3	4	5	NA
Going Back to School	1	2	3	4	5	NA
Help with an Adoption	1	2	3	4	5	NA
Involving and Teaching the Baby's Father	1	2	3	4	5	NA
Job Placement	1	2	3	4	5	NA
Job Training	1	2	3	4	5	NA
Medical Care Referrals for Me	1	2	3	4	5	NA
Medical Care Referrals for my Baby	1	2	3	4	5	NA
Paying Utilities (Electric/Gas Bills)	1	2	3	4	5	NA
Prenatal Care Referrals	1	2	3	4	5	NA
Supplies	1	2	3	4	5	NA
Teaching Parenting Skills	1	2	3	4	5	NA
Transportation	1	2	3	4	5	NA
Ultrasound Referrals	1	2	3	4	5	NA

Please rate your experience with the A2A program service provider by using the following scale:

1-Extremely Dissatisfied

2-Dissatisfied 3-Neutral

4-Satisfied

5-Extremely Satisfied

A2A Service Provider	Circle Rating				
Schedule appointment(s) which are convenient for me.	1	2	3	4	5
Seen at my appointment time(s).	1	2	3	4	5
Able to decide which service(s) I want/need.	1	2	3	4	5
I fully understand the service(s) I am receiving.	1	2	3	4	5
The A2A program service(s) I receive have assisted me in continuing my pregnancy.	1	2	3	4	5
Overall satisfaction with the A2A program services.	1	2	3	4	5
I would recommend this A2A provider to a friend or family member.	1	2	3	4	5

Comments:[illegible]

**Missouri Department of Social Services
A2A Quarterly Expenditure Report**

Agency: [Insert Agency Name]	Contract Number:
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Program Year July 1, 2018 - June 30, 2019

Program Quarter: 1st Quarter ☐ 2nd Quarter ☐ 3rd Quarter ☐ 4th Quarter ☐

Revenue	Federal (TANF)
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Revenue Request	\$ -
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Indirect Administrative Costs Calculations

Option 1: Federally Negotiated Indirect Cost Rate (FNICR)

Application Base:	\$ -
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Federally Negotiated Indirect Cost Rate (FNICR): %	0.00%
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Total Indirect Administrative Costs	\$ -
--	------

OR

Option 2: 10% De Minimus (use if no FNICR)

Application Base: Modified Total Direct Administrative Cost	\$ -
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Total Indirect Administrative Costs	\$ -
--	------

Direct Administrative Costs	Federal (TANF)
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Program Salaries and Wages	\$ -
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Employee Benefits	\$ -
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Employee Travel	\$ -
-----------------	------

Employee Training	\$ -
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Office Rent/Space	\$ -
-------------------	------

Office Utilities	\$ -
------------------	------

Facility Insurance	\$ -
--------------------	------

Office Supplies (under \$5,000)	\$ -
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Equipment (Capitol Equipment over \$5,000 threshold)	\$ -
--	------

Office Communications	\$ -
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Office Repairs and Maintenance	\$ -
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Contract/Consulting	\$ -
---------------------	------

Other (list):	\$ -
---------------	------

(add other categories as needed)	\$ -
----------------------------------	------

	\$ -
--	------

Total Direct Administrative Cost	\$ -
---	------

Less:

Equipment (Capital Equipment over the \$5,000 threshold)	0
--	---

Contracting/Consulting (amount of each contract service over \$25,000)	0
--	---

Other based on definition	0
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Modified Total Direct Administrative Cost	\$ -
--	------

Participant Services	Federal (TANF)
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Transportation	\$ -
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Job Training	\$ -
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Tuition Assistance	\$ -
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Contracted Residential Care	\$ -
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Utility Assistance	\$ -
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Emergency Shelter	\$ -
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Housing Assistance	\$ -
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(add others as needed)	\$ -
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	\$ -
--	------

Total Participant Costs	\$ -
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I hereby certify that the budget is taken from the original Books of Account and that budget amounts are valid and consistent with the terms of the contract.

Signature of Authorized Representative of [Insert Agency Name]	Date
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